This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9	1 664 144
-----------------------	-----------

Total Fee Calculation

		, 0,2,1,6	e Calentatio	С		
	Err Cade	Total # Charee	Number Econ N	F	Fre	- Tacat
•	Sa ೧:			Im Entity	Lg Eann	
ជ័ណ្ឌ Filipy Fee	<u> </u>				690	-690
Tara (Claims (C))	<u>:</u>	<u> 13</u> :::-	·			<u> </u>
Independent I.e.m., ()	::: <u>:::</u> :	7	<u> </u>			-
Multi Cas Cu et Princes	<u> </u>					
Directory:	201.101					130
English Transacan	1.10				_120	
TOTAL FEE CALCULA	<u>1717)-</u>					820
គឺ២២០ ២ ២០ ២ភូខភា ពីវិណ្ឌូ ២	wappilisman					
Tawi Filing Fees Steet	= \$	820	2. W		•	-
Less Filing Fees Submi	ned - 5			,		
BALANCEDUE	= 5	82	0. W			
Office of Initial Patent E	Laminacion	<u></u>				
FORM OIRE-RAM-01 (Rev	12/97)	Ligu	re 7			

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I					SI	MALL	ENTITY		OTHER THAN				
(Column 1) (Column 1) (Column 2) (Column 3)				2) TYPE			OR	SMALL ENTITY					
FC)R 		NUMBE	RFILED		NUMBER I	EXTRA	F	RATE	FEE		RATE	FEE
ВА	SIC FEE									345.00	OR		690.00
TOTAL CLAIMS 13 minus 20=					20= *			X	(\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	:	3 minus	3 = -			>	(39=		OR	X78≃	
MULTIPLE DEPENDENT CLAIM PRESENT						 	130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	<u> </u>	OTAL	<u></u>	į l	TOTAL	690	
	С	LAIMS	S AS A	MENDED) - PA	RT II					10	OTHER	
(Column 1) (Column 2) (Column				(Column 3)	SI	MALL I	ENTITY	OR	SMALL				
AMENDMENT A		REMA	AIMS AINING TER DMENT		NI PRE	GHEST JMBER VIOUSLY AID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=	×	(39=		OR	X78=	
	FIRST PRESE	NIAIIO	N OF MU	JUIPLE DEI	PENDE	NI CLAIM			130=	. :	OR	+260=	
									TOTAL		ا ا	TOTAL	
		(0.1	41	•	40		(O. I	ADD	IT. FEE		OR	ADDIT. FEE	
			imn 1) AIMS			lumn 2) GHEST	(Column 3)	_		ADDI	1 1		4001
AMENDMENT B		AF	AINING TER DMENT	:	PRE	UMBER VIOUSLY VID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=	x	\$ 9=		OR	X\$18=	
AME	Independent	<u> -</u>		Minus	***		= .	×	(39=		OR	X78=	
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DE	PENDE	NT CLAIM		+	130=		OR	+260=	
								ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Colu	ımn 1)		(Cc	lumn 2)	(Column 3)						
AMENDMENT C	·	REM/	AIMS AINING TER DMEN:T		PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	•		Minus	**		=	X	\$ 9= ·		OR	X\$18=	
ME	Independent	*		Minus	***		=	X	39=			X78=	<u> </u>
٩	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DE	PENDE	NT CLAIM		∣ ├			OR		
• 1	If the entry in colu	mn 1 ie le	see than th	a entry in colu	ımn 2 u	vrite "O" in co	lumn 3	+1	130=		OR	+260=	
**	If the "Highest Nu If the "Highest Nu	mber Pre	viously Pa	id For" IN THI	IS SPAC	E is less that	n 20, enter "20."	ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
	The "Highest Nur							r found i	n the ani	propriate bo	x in col	umn 1.	